PROVINCE OF PRINCE EDWARD ISLAND

DEPARTMENT

OF

HEALTH AND SOCIAL SERVICES

TENTH ANNUAL REPORT

1989 - 1990

Honourable Wayne D. Cheverie, Q.C., Minister

91-05332/

TENTH ANNUAL REPORT

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Province of Prince Edward Island

01 April 1989 to 31 March 1990

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Charlottetown
Prince Edward Island
January 21, 1991

The Honourable Marion Reid
Lieutenant Governor of Prince Edward Island

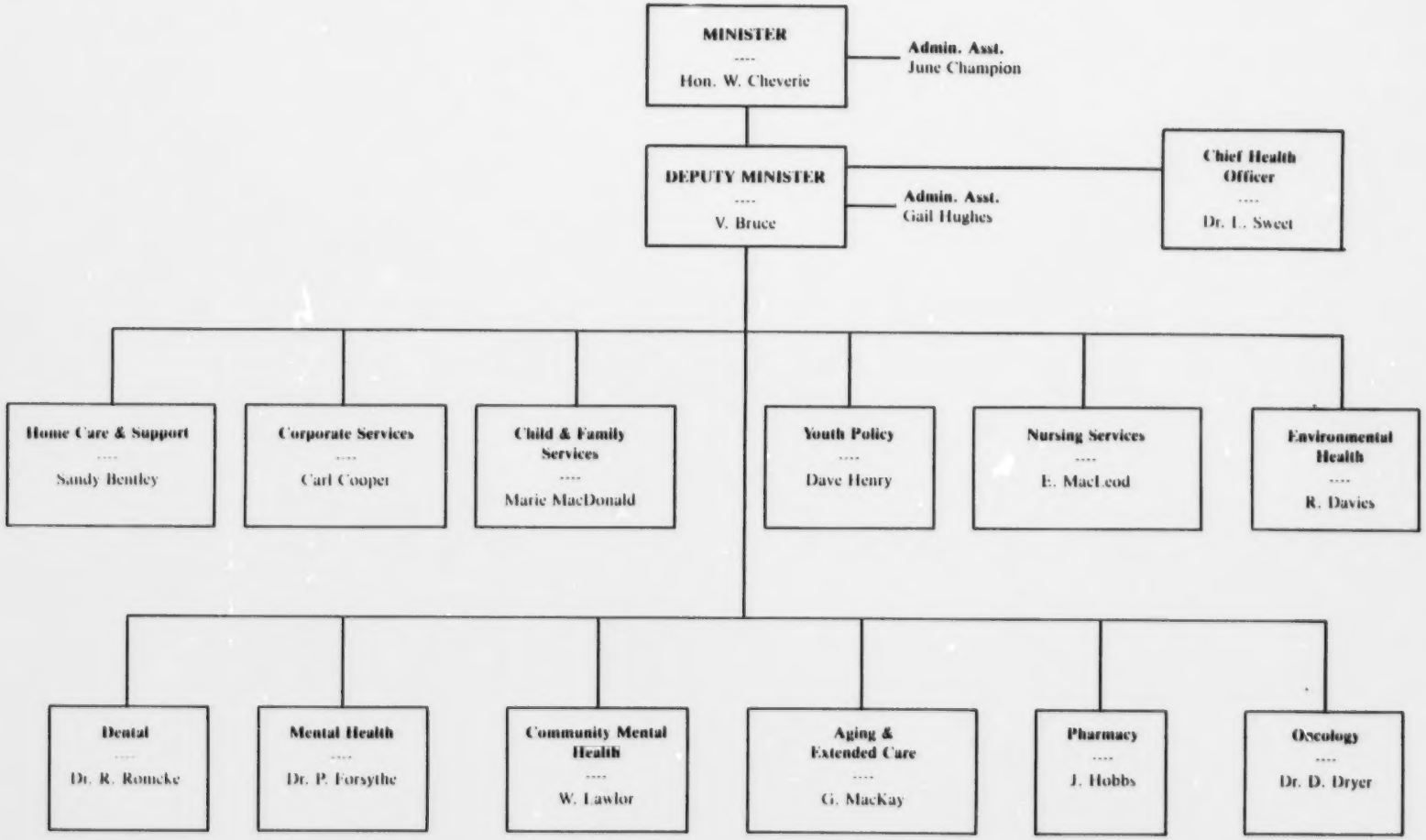
May It Please Your Honour:

I beg to submit, herewith, for your consideration the tenth annual report of the Department of Health and Social Services for the fiscal year ended March 31, 1990.

I have the honour to be,
Madam
Your obedient Servant,

Wayne D. Cheverie, Q.C.
Minister of Health and Social Services

P.E.I. DEPARTMENT OF HEALTH AND SOCIAL SERVICES **GENERAL ORGANIZATION**



Revised Jan 91

LEGISLATION FOR WHICH THE MINISTER OF HEALTH AND SOCIAL SERVICES IS RESPONSIBLE

1. Addiction Services Act
2. Adoption Act
3. Adult Protection Act
4. Change of Name Act
5. Child Care Facilities Act
6. Chiropractic Act
7. Community Care Facilities and Nursing Homes Act
8. Cornea Transplant Act
9. Dental Profession Act
10. Dispensing Opticians Act
11. Drug Cost Assistance Act
12. Family and Child Services Act
13. Health Services Payment Act (HHSC)
14. Hospital and Diagnostic Services Insurance Act (HHSC)
15. Hospital and Health Services Commission Act (HHSC)
16. Hospitals Act (HHSC)
17. Human Tissue Gift Act
18. Licensed Nursing Assistants Act
19. Marriage Act
20. Medical Act
21. Mental Health Act
22. Nurses Act
23. Optometry Act
24. Pharmacy Act
25. Physiotherapy Act
26. Premarital Health Examination Act
27. Public Health Act
28. Registered Occupational Therapists Act
29. Rehabilitation of Disabled Persons Act
30. Social Work Act
31. Vital Statistics Act
32. Welfare Assistance Act
33. White Cane Act

Note: There are several other statutes which relate to the Health and Social Services Ministry that do not appear in the Provinces' official consolidation. These include:

- Dietetic Association Act
- Dental Technician Act
- Funeral Directors and Embalmers Act
- Hillsborough Hospital Act

(HHSC) indicates that an act is administered through the Hospital and Health Services Commission.

Charlottetown
Prince Edward Island
January 21, 1991

Honourable Wayne Cheverie, Q.C.
Minister
Department of Health and Social Services
P.O. Box 2000
Charlottetown
Prince Edward Island

Honourable Minister:

I have the honour to submit to you the tenth annual report of the Department of Health and Social Services for the period April 1, 1989 to March 31, 1990.

Respectfully submitted,

Verna Bruce

Verna Bruce
Deputy Minister

DIVISION OF AGING AND EXTENDED CARE

Gordon R. MacKay, Director

MAPLEWOOD MANOR

This fiscal year saw a successful first community school program organized for the residents of Maplewood Manor. This community school was also attended by staff and individuals in the community. In-service programs continue. Three housekeeping employees have obtained their certificates for Basic and Advanced Housekeeping courses. A total of four employees have now attained this level of education. Two nursing staff members have been trained in nail care and are providing for foot care clinics within Maplewood Manor. A facility-wide Infection Control Committee has been developed with R.N. supervisors serving as co-chair. During the year one Service Worker position continued to be filled under the Employment Enhancement Program for disabled people.

Emphasis during the past year has been placed on upgrading the physical plant. In addition to purchasing replacement equipment for the nursing department, the window replacement program continues with new windows installed in the A and C wings.

I am very pleased to report that Maplewood Manor received a three-year Accreditation Award recognizing outstanding performance and adherence to national standards. This is the maximum award offered and Maplewood Manor is to be congratulated on achieving this distinction.

SUMMERSET MANOR

Summerset Manor, home for 120 residents, daily witnesses the growing feebleness among the elderly who now come to the manor for total care. This demographic reality has forced Summerset Manor to re-examine all programs and care strategies in light of the increasing care requirements of the newly admitted elderly residents. Summerset Manor is now dealing with more and more residents who are confused and disoriented. This situation forces the facility to re-define many programs and introduce new approaches to care.

The nursing department at Summerset Manor continues to render a very high quality of care to residents. The nursing staff are very dedicated and committed personnel. A well developed staff-in-service and education is in place to equip and challenge staff to quality performance.

The Dietary department continues to provide an excellent service for residents. The volume of meal production for the Dietary department is very significant. The production demand certainly "outstrips" the facilities to handle the volume. As a result, planning is presently underway to renovate the kitchen and dining area. The Housekeeping department and Maintenance department continue to present a very clean, attractive and safe facility and home for the residents. The workmanship and effort that goes into the care and maintenance of the physical plant is done with pride and quality work. The Activities department continues to put life and "community" into the home.

The varied and meaningful activities organized and conducted for the enrichment of the residents are many. The Activity department is in a state of significant change due to the more individual and resident specific needs. The group activity is diminishing in its prominence within the manor life. This reality forces activities personnel to become much more creative and personal in their approach to resident care strategies.

WEDGEWOOD MANOR

The staff and residents of Wedgewood Manor have experienced significant changes in their working environment during the past year. The manor-wide WHMIS Program (Workplace Hazardous Material Information System) and the acceleration of the joint Occupational Health and Safety Program has created a pro-active approach to a more healthy living and working environment plus reduced lost time incident costs.

The various care programs such as oral assessment program, foot care program and manor-wide Quality Assurance program have produced a preventive approach towards care rather than a reactive, curative concentration. These teams of specialists provide consistency and accountability to vital areas of care and service. Staff development and training continues to be an essential component of the manor program. Staff from all departments have enrolled in certificate programs, Civil Service Commission programs and In-House education session. The employment of a part-time physiotherapist and an occupational therapist has given a tremendous thrust to continuing in-service programs. The input from the house physician must be noted as he has offered information about various aspects of care, especially care of the cognitively impaired resident.

PRINCE EDWARD HOME

I am pleased to report that the Prince Edward Home received a two-year Accreditation Award during the past fiscal year. This is a significant achievement in that this is only the second survey conducted at this home.

In July, 1989, the Administrator of Prince Edward Home was seconded to Hillsborough Hospital and Special Care Centre and the Administrator at Hillsborough Hospital and Special Care Centre was transferred to the Prince Edward Home.

In November, 1989, a committee was formed to review the Brecken House Day Care Program. The purpose of the committee was to determine which recommendations of the May, 1988, study to implement with a view to improving the program where required.

The levels of resident care were analyzed and the data indicated that the levels of care are becoming heavier, not only for the residents already in the home but also for the recently admitted. This increase nursing requirement has resulted not only in the need for extra staff but for more professional staff. As a result, one Nurse II (40%), one LNA I (40%) and two Nursing Attendants (40%) were hired as additional staff. Because of the need for more professional nursing care the medicine nurse has been assigned the duties of a Nurse II. Staffing in the Nursing department will continue to be reviewed to determine if additional positions will be required. The funding for these positions is a part of a three-year plan to permit the manors to move towards the provision of heavier levels of nursing care.

BEACH GROVE HOME

Activities geared towards meeting the standards for Accreditation have taken the major thrust of activities for the year, As well, there seems to be a growing trend to provide education in the care of the elderly, with more and more requests coming from the community, other divisions of Government, Schools of Nursing and acute care.

The Division is proud to report that the work opportunities that were provided for disabled persons has resulted in the placing of three individuals in classified positions.

Continuing education for staff continues as a major goal of Administration, and this year five of the Registered Nurses have enrolled in the Certificate courses in Gerontology, one Registered Nurse is enrolled in the Nursing Degree program, two of the Dietary staff have joined the Cooks Red Seal Program and another member of the Dietary Department is enrolled in the Food Service Supervisors course with the Canadian Hospital Association. Beach Grove Home participated with the Division in a major workshop on care of the cognitively impaired. This week-long workshop was held at Beach Grove Home and was well attended by staff of the Home, and staff of various other private and public facilities.

This year saw the initiation of the Medical Services Committee, chaired by the house physician. This committee also included two family physicians, the Director of Mental Health and the Director of Dentistry from the Department of Health and Social Services. This year saw the appointment of the new Chaplain for Beach Grove Home. It is to be noted that the financial support for this service is provided by the seniors from Charlotte Court who fund the services of the Chaplain. It should be noted that the volunteers continue to add variety and interest to the residents lives at Beach Grove Home. Yearly, they increase in numbers and are gradually becoming more involved and independent in the services that they deliver. It should be noted that the Beach Grove Home Auxiliary greatly enhance the quality of life of our residents through their fund raising activities.

First year student nurses, nursing assistants and resident care workers have been provided with field placements at the home. This year a three-week consolidation exposure was made available for the LNA students from the Central School of Licensed Nursing Assistants and a total one-day session on geriatric nursing was put on for third year nursing students.

This latter session was most favorably received with many students commenting that their perception of geriatric nursing had totally changed as a result.

RIVERVIEW MANOR

Riverview Manor has been fortunate, over the past years, to have competent department heads who are committed to providing good health care to the residents in an efficient and effective manner. Riverview Manor has started a video library in order to accumulate resource material for the purposes of In-service education. The manor has also formed an Occupational Health and Safety Committee composed of representatives from each department who meet regularly and carry out a manor-wise safety inspection program on a regular basis.

The Dietary Department now do a nutritional assessment on all new residents and from this information a nutritional care plan is developed and followed for each resident.

The physical facilities, in general, are in good repair. The manor has reached a stage, however, where some of the equipment is showing a need for replacement. An attempt will be made to replace these items in a planned fashion over the next few years.

COLVILLE MANOR

This past fiscal year saw a total of 24 admissions to Colville Manor; of these, 19 came directly from hospital, with the remaining 5 from the community. Seven discharges back to the community were made. Six of these were convalescent/respite care residents while one "permanent" resident returned to reside at home.

June, 1989, saw the completion of an accreditation survey of Colville Manor. The experience was positive and resulted in a three-year award status being granted. The executive summary of the survey indicated that high quality care and services were being provided to the residents and the community. This is especially pleasing to note as all staff take great pride in the provision of services.

The Day Care Program offered at Colville Manor continues to respond favorably for requests for service. This involves meals, socialization within the home, century tub baths, religious services and Meals-on-Wheels.

Volunteer experience for 16 prospective resident care worker candidates was provided at Colville Manor. Colville Manor has also agreed to co-host, with Riverview Manor, the training component for the first-ever Resident Care Worker class held in Souris through Holland College.

Colville Manor assessed their staff development and training needs during the past year and devised a system to ensure on-going, regular, educational opportunities for staff, family, residents and family. This is now a designated responsibility of one individual who assesses need for types of programs and availability of resources, in co-operation with staff. The program will be on-going and will be formulated into a scheduled calendar of events. One goal has been to have all staff participate in a back care program. Colville Manor continues to implement an on-going preventative maintenance program begun 5 years ago. Two major accomplishments during this past fiscal year were the installation of a new underground oil storage tank as well as the replacement of the roof of the facility. There remains more to be accomplished and these preventative maintenance programs will be addressed on a pre-determined priority basis over the next few years.

One major concern is the installation of a monitoring system to provide additional safety to cognitively impaired, wandering individuals. Colville Manor is delighted to report that they have achieved the financial goal to implement this system through donations to the Colville Manor Equipment Fund.

DR. ERIC M. FOUND HEALTH CENTRE

During the past year the Dr. Eric M. Found Centre has been able to recruite 2 additional physiotherapists. This has allowed the facility to expand the provision of physiotherapy services from the Dr. Eric M. Found Health Centre to other government owned and operated nursing homes in Prince Edward Island. The facility is now considering methods which will enable the Division to extend Occupational Therapy services to other nursing homes in the Charlottetown area.

The usage of the chronic and long-term medical nursing unit beds has remained consistent throughout the past year with the census rarely dropping below 100%. Admissions to the convalescent and palliative care units are up by 38 and 12 respectively.

The facility has had some success in an informal program in our head-injured unit. Due to additional training for staff, some patients have shown remarkable progress. Staff on that unit have great potential, and with further training and support are capable of developing and implementing more specialized programming for the head-injured at the Centre.

HILLSBOROUGH HOSPITAL & SPECIAL CARE CENTRE

This past year was a year of change at Hillsborough Hospital. There were major changes at the senior management level along with changes in the management structure of the nursing Department. The purpose of this re-organization is to provide the department with a more effective and efficient management structure at Hillsborough Hospital & Special Care Centre. Pressure for beds did not diminish during the year. The occupancy rate for the hospital was 98.2% with a constant demand for beds on the active treatment and adolescent units. The hospital continues to experience difficulty in recruiting a psychiatrist. This results in an extremely heavy workload for the one psychiatrist and two social workers who must provide services for the patients and their families.

CENTRAL OFFICE

The Central Office staff consists of a Dietetic Consultant, a Nurse Consultant, the Co-ordinator and Program Worker responsible for the management of the Community Care Facilities and Private Nursing Homes Program, 12 Placement Officers, a part-time Occupational Therapy Consultant and 3 support staff. These staff provide support services and consultation to the government operated facilities as well as the private sector nursing homes and community care facilities.

During the past year there was a total of 402 new applications for nursing home care, an increase of 17 over the previous year. The total number of applications on file at the end of the fiscal year was 687, of which there were 56 priority applications and 631 secondary applications. During the year, there were 207 placements made and 206 applications were inactivated.

There was a total of 222 admissions during the past year to the nursing homes and manors, of which 46% were admitted from hospital, 24% were admitted from community, 6% were admitted from other facilities including community care facilities, and 24% were admitted to the respite care beds. There were 53 admissions to the respite care beds, an increase of 6 over the previous reporting year. The average age of admission to the nursing homes and manors was 81.6 years, with the average length of stay for those residents deceased during the past year being 3.2 years. The average occupancy rate was 96.3%.

The Division organized an extensive training program for staff in all facilities on managing the cognitively impaired residents. This was deemed necessary due to the increasing number of residents who are being admitted to long-term care with cognitive impairments.

I am pleased to report that the Division is progressing on its objective to provide for occupational therapy and physiotherapy in all facilities operated by the Division.

The Dietetic Consultant visited the homes, manors and extended care facilities on a regular basis for consultation with the Dietetic Directors, Directors of Nursing and/or Administrators. The Dietetic Consultant provided support for in-service education, meal evaluations, operation audits, nutritional assessments and assistance with accreditation procedures.

The Community Care Facilities program witnessed some growth during the past year. There were 62 additional beds added to the existing bed stock, and 8 beds were deleted from the bed stock, for a total of 54 additional beds. Of the 62 beds approved, 34 beds in new facilities and 28 beds were extensions to existing facilities. In addition, there were 134 beds approved in principal but were not brought on-line during the fiscal year.

DIVISION OF CHILD AND FAMILY SERVICES

Marie MacDonald - Director

The Child and Family Services Division is responsible for the delivery of a broad range of services to individuals and families in need.

In addition to the ongoing daily operations, efforts of the staff focused on the rewriting of the Child Welfare statement of philosophy; implementation of the recommendations from the review of the speech therapy program; re-instituting the policy development function within the division; implementation of the recommendations contained in the Welfare Assistance review report *Dignity, Security and Opportunity;* the introduction of a planning approach to the work of the Division.

The Division made a commitment to participate in the Community Mental Health sponsored research project into Child Sexual Abuse on Prince Edward Island which will be implemented during the 1990/91 fiscal year.

"The primary responsibility for rearing a child lies with the child's parents. Our commitment is to use our resources, offered without either reserve or punitive attitudes, to assist the family by developing the positive elements which already exist."

SERVICES TO FAMILIES AND CHILDREN

During the year divisional staff continued to work to support and strengthen families.

Families experiencing difficulties had access to the following services:

(1) Family Support Service

The Family Support Service is a financial assistance service designed to assist families in meeting the special need costs for their child who has a severe mental or physical disability.

During the year 180 families made use of this service.

(2) One-On-One Service

The focus of the program is to support and assist the parents of a child with serious behaviour problems. The goal of the program is to enable the child to change behaviours and develop self-esteem that will allow him/her to be accepted in the family, school and community.

Approximately 60 children received a one-on-one service during the year, the majority of them were living with their families.

The year was one of growth and adjustment as the field familiarized itself with the program's emphasis on prevention.

(3) Speech Therapy Services

Twelve speech language pathologists were employed and for the first time in many years the services of a full-time speech language pathologist were returned to the Souris region.

The review of the Speech Therapy service resulted in a number of recommendations. The process to begin to plan the implementation of the recommendations began in the latter part of the fiscal year.

During the year 304 new assessments were completed with 3,005 therapy sessions held.

Staff development continued to be a high priority. All staff attended two major local conferences, workshops on Management of the Child with a Cleft Palate and Management of Stuttering.

(4) Audiology Services

Audiology Services were provided from the central testing facility located at the Queen Elizabeth Hospital and four regional clinic sites held in Provincial Manors in Alberton, Summerside, Montague and Souris.

During the year 166 clinic days were recorded with a total of 1,030 client visits, 485 of these visits were for new clients.

The ELKS of Canada purchased a new piece of equipment for the audiology clinic - a middle ear analyzer which helps identify medically treatable middle ear disease.

(5) Nutrition Services

Nutrition Services provide high-risk nutrition counselling to mothers and their infants and to young children with special nutrition needs.

Throughout the five regional offices there were 4.9 dietitian/nutritionists and a half-time nutrition coordinator in central office.

During the year there were 815 new referrals. Of this total there were 499 per-natal referrals which is an increase of 43% over the previous year. These 499 clients were contacted at total of 3,226 times by a nutritionist - an average of 6.5 contacts per client.

Nutritionists conducted 74 educational sessions with 1,111 people attending. The majority of the sessions were presented to expectant parents, in co-operation with the Department's Nursing Division.

Nutrition Services participated in the dietetic internship training program of the Queen Elizabeth Hospital. The nutritionist in Montague provided primary supervision of an interim in the 13 week community nutrition rotation.

Research on the prenatal information collected by Nutrition Services continues with the aid of McGill University, Montreal.

(6) Homemaker Services

The Homemakers in the Division provide a vital service to families who are struggling with the care of their children. Through individual and group sessions the Homemakers assist parents with household management and parenting skills. The sessions also focus on self-esteem and confidence building.

Three hundred and fifty-three Homemaker services were provided in the 1989 fiscal year.

(7) Welfare Assistance Services

The 1989/90 fiscal year was a time of significant development for the Welfare Assistance service. With the recommendations of the report *Dignity, Security and Opportunity* as a guide, a Program Coordinator was hired and a work plan developed.

The focus of the year was the enhancement of basic benefits and the building of administrative supports for the program. Changes to the benefits were:

- an increase of 6% for food, clothing, household and personal items,
- an increase of 11% for shelter
- restoration of the clothing allowance for short-term recipients.

A number of special benefits were enhanced or introduced:

- increase in the transportation rates and school allowances,
- extension of respite care provisions to the physically disabled,
- introduction of a Homemakers Allowance, Disability Allowance and two new wage exemption provisions.

The development of Administrative Supports included:

- a new system for designating signing authority under the Welfare Assistance Act was implemented,
- the establishment of a central office committee to monitor and manage overpayments and to revise the overpayments/ prosecutions policy.
- the establishment of a Welfare Assistance Advisory group composed of regional office supervisors to:
- improve consistency in the delivery of the service,
- problem solve issues that arise in the administration of the program,
- have input into policy development.

A comparison of the welfare assistance service with the previous year shows:

	88/89	89/90	%
Average Monthly Caseload	4,215	4,216	nil
Average Monthly Cost/Case	505*	542	7.3%
Total Actual Expenditure	$25,564,100	$27,407,300	7.2%

* The figure in the 1988/89 Annual Report was incorrect.

The message that should be communicated, given the legislated mandate, should be this "The Prince Edward Island Welfare Assistance program is intended to help meet your immediate financial needs by ensuring adequate resources for food/clothing/ shelter plus some of the special needs that may be required by you or your family, until you are able to gain or regain your financial independence. Other services, programs and benefits will be made available to support your efforts in this regard." From, Dignity, Security and Opportunity, February, 1989.

(8) VRDP Services

The provision of VRDP Services is coordinated by the Special Services Division and will be included in that Division's Annual Report.

SERVICES TO CHILDREN

The Family and Child Services Act guides the provision of Child Welfare Services by divisional staff. During the year 954 families received services under the terms of the Act.

A number of these families received (made use of) the Homemaker Service, the One-On-One Service and the Welfare Assistance Service. These supportive services enabled the families to continue to care for their children in their own homes.

(1) Children-In-Care

There were 371 children who were in care during the year. At the year's end 236 children remained in the care of the Director of Child Welfare. The status of these children were as follows:

Apprehended	26
Temporary Ward	18
Permanent Ward	93
Voluntary Care Agreement	74
Wards to Another Province	5
Adoption Placement	12
Follow up to C.C.	8

(2) Foster Care Program

One hundred and fifty three (153) foster families serviced 371 children during the year. Of the total 182 children were 12 years and under and 189 were over the age of 13 years.

Foster families provide a vital service for children in Prince Edward Island. They not only support the child while in the foster home but also they provide emotional support to the natural families as they prepare for their child's return.

In 1988 a therapeutic foster care program - LAP - was initiated by the Division. The program focuses on very troubled young children and their families.

In the 1989-90 fiscal year a review of the LAP program was completed. The results of the review revealed a strong clinical component but administrative procedures and processes required improvement.

LAP funding was approved for an additional two years - to March, 1992.

The relationship between the P.E.I. Federation of Foster Families and the Division continues to grow as we partner in problem-solving issues and develop programs to increase training opportunities.

Priority issues identified for the coming year with foster families are:

- A study of foster care costs,
- The development of training programs,
- Clarity of roles and responsibilities,
- Development of a partnership model between the Division and foster families.
- Foster care promotion.

(3) Group Home Program

During the year 79 adolescents - 41 males and 38 females, were served by the Division's five Group Homes. The average age of the residents was 13.65 years while the average provincial occupancy rate for the five Homes was 83.89%.

The Provincial Group Home Committee focused its efforts on discussion of:

- administrative practices
- staffing patterns
- policies
- program philosophy

(4) Children For Whom We Have No Resources

Sixty-one (61) children were referred to the Director of Child Welfare as children for whom we had no appropriate resources. Most of these children were adolescents who had become alienated from their families and were unwilling or unable to adjust to the foster home or group home program. Some of these adolescents were eventually placed in the adolescent unit at Hillsborough Hospital and some in resources in Ontario. Six children remain on the list for placements.

(5) Adoption Services

During the year there were 66 adoptions completed - 13 departmental, 4 private agency adoptions and 49 private adoptions.

At any given time during the year there continued to be 100 - 110 adoptive families being served by the Division at the different stages of the adoption process.

The requests for adoption disclosure information from adult adoptees, birth parents and birth relatives increased significantly during the year. There are now over 300 recorded requests for assistance in this area.

The adoption records from the Protestant Family Service Bureau were given to the Department in the hopes that there will be an official centralized disclosure service in the future.

A new Adoption Act was prepared for tabling in the Legislative with input having been sought from regional offices and various community groups and organizations.

(6) **Child Protection Intake Project**

In June, 1989 Divisional staff undertook an audit of child protection intake cases as a pilot project in the Summerside office. A tool was developed to review and analyze 76 files and the results revealed a need for a more systematic method of handling these cases.

All the activities from the entry of the complaint to the final decision regarding its validity were reviewed and the information required to make this decision was identified. Forms were developed to ensure this information would be documented in a systematic way.

In February and March, 1990 eight training sessions were given to seventeen staff members in the use of the forms and staff members began to test them out when assessing the validity of protection complaints.

(7) **Study of Youth on Prince Edward Island**

During the 1989-90 fiscal year a study of the needs of youth on Prince Edward Island was conducted by Steve McQuaid of Policy Board. The study resulted in a report Youth on Prince Edward Island An Investment in Our Future.... Many of the recommendations contained in the report will have an impact in the future years on the services provided by the Division.

STAFF TRAINING

During the year staff members of the Division participated in a number of staff development and training events.

The following workshops were held to increase knowledge and skills in the area of Child Welfare:

- One-day workshop on Psychological Maltreatment of Children - 22 supervisors/ consultants,
- Three-day workshop on supervising in Child Protection - 16 staff members,
- Four sessions on Investigation and Assessment of Sexual Abuse of Young Children - 25 workers,
- Ten sessions on Adolescent Development - 20 group home workers,
- Two conferences in Moncton, New Brunswick on Child Care issues - 4 staff members,
- In-service training to prepare staff for Child Welfare designation - 16 workers,
- In-service training around new Child Protection Intake forms - 16 staff members.

In addition, twenty (20) supervisors attended a two-day workshop on Team Building; sixteen (16) staff members attended a workshop on Group Work Dynamics and Skills and twelve (12) workers travelled to Halifax to participate in a workshop on "Working With The Resistant Client".

Nutritionists, Speech Therapists, Family Support Workers, Employment Enhancement Workers and members of the secretarial staff participated in staff development events specifically related to their areas of expertise.

Emotional First Aid sessions were held to support staff in Region's I (26 people) and III (100 people).

A different kind of learning opportunity was afforded to ten (10) staff members who participated in a child and family forum. This gathering included representatives from a variety of government departments and community organizations who identified problems around delivering services to families and children and looked at ways of working more closely together to address these problems.

COMMUNITY MENTAL HEALTH SERVICES

William Lawlor, Director

The Community Mental Health Program provides a broad range of community-based mental health services to individuals, families, groups and communities. The program provides services in the areas of primary prevention, early intervention and treatment of mental health problems, as well as the development and provision of support services to those suffering from long-term mental illness.

PROGRAMS AND SERVICES

Services are provided on a regional basis with one mental health team in each county and a Day Treatment Program in Charlottetown. Individuals, families, professionals and community groups were offered a wide variety of professional mental health services including:

(1) mental health assessment;

(2) consultation services;

(3) direct treatment services;

(4) community development;

(5) prevention/education services.

These services were offered through a multidisciplinary team approach using professionals from the disciplines of psychiatry, social work, psychology, nursing and occupational therapy. A number of assessment and treatment modalities are utilized including psychometric testing, individual and family assessments, as well as a number of therapeutic approaches within individual, marital, family and group treatment.

The McGill Day Treatment Unit operates a day treatment facility in addition to the administration of medications in an After Care Program. After care services are also available within each county provided through the teams with outreach services to Alberton and Souris.

The Division was involved in the development of two major project proposals over the last year. A grant was received from Health and Welfare Canada to formulate a proposal to do a needs assessment in the area of child sexual abuse within Prince Edward island with the objective of developing a rural model of service delivery which could be further tested on Prince Edward Island. As well, the Division, along with the University of Prince Edward Island, participated in the development of the Canadian Study of Health in Aging which has three main objectives including (1) estimation of the prevalence of dementia among elderly Canadians, (2) determination of the risk factors for dementias of Alzheimer's patients, and (3) assess the burden and patterns of care for demented patients in Canada.

An After Care Coordinator was appointed during the year to review current services to long-term mentally ill in the community. A study was undertaken with representatives from Health and Social Services, Hospital and Health Services Commission, Prince County Hospital and Queen Elizabeth Hospital to examine current services, identify gaps and needs, and make recommendations for change.

COMMUNITY MENTAL HEALTH TEAMS

In the last year, there was a 4 percent increase in the number of cases served compared to the previous year. This pattern has been an ongoing pattern over the last several years with ever-increasing demand for services. Pressures have been experienced in services to disturbed children as well as services to other high-risk groups that require a high investment of time and resources. Attempts have been made over the last year to do a more intensive screening of referrals to utilize community resources and to attempt to priorize services. The pattern of increased demand for mental health-type services continues within the community and puts considerable pressure not only on the formal mental health system but also on other agencies as well.

Montague Mental Health Services

Over the last year, the Montague mental health services have been under considerable pressure partially due to difficulty in recruiting to a vacant position. The Montague mental health team has been working over the last year in the development of a pilot project in the area of sex offender treatment. Two groups have been established, focusing on adolescent and adult sex offenders.

Queens County Mental Health Services

Richmond Centre has been providing more services on a group basis, including groups for adolescent girls and children. As well, Richmond Centre, in cooperation with the Canadian Mental Health Association, developed a self-help group for eating disorders which could service as a follow-up to treatment services.

Prince County Mental Health Services

Caseload demands continued high in the Prince County area. A heavy emphasis was placed not only on direct services in this area but also on working with community groups and agencies through consultation and liaison programming.

Presenting Problems and Referral Sources

Depression remains the main presenting problem referred for services, followed by family dysfunction and anxiety disorders.

Community Mental Health Services received referrals from a total of 13 sources. The major referral sources are as follows:

Medical/Psychiatric	38%
Self	28%
Family/Significant Other	14%
Child and Family Services	9%

Direct Service Statistics

Cases Receiving Services	2,619 (2,522 in 1988/89)
Number of New Cases	1,094 (1,110 in 1988/89)
Number of Therapy Sessions	13,368 (13,882 in 1988/89)

Consultation Services

The Community Mental Health Program provides a consultation service to agencies and professionals within the community such as Child and Family Services, physicians, the justice and the school systems. The aim of this service is to provide mental health expertise in the area of assessment and consultation to other agencies and professionals in the management and treatment of their clientele. There were a total of 772 consultation hours provided during the year.

Preventative Education Services

Preventative education services were provided to agencies, groups and the community-at-large throughout the year. There were a total of 99 sessions provided to 3,542 people. These sessions were provided to professional groups and agencies with some sessions targeted to at-risk and high-risk groups and others available to the general public. Topics included stress management, depression and suicide, eating disorders, depression in the elderly, counselling skills, and so on. Some of the groups presented to included students, educators, teen counsellors, job re-entry clients, Home and School Associations, nurses, etc.

The Division was involved with other agencies including the Catholic and Protestant Family Services Bureaus, Public Health Nursing, and Child and Family Services in a day-long forum focusing on the child and family. This project was initiated out of the Division of Community Mental Health and was developed over a two-year period culminating in the day-long session. Approximately 95 participants from across the Province attended. The focus of the day was on provision of primary prevention services to children and families with examination of what services were available currently, what gaps existed, and what might be needed in the future.

McGILL DAY TREATMENT PROGRAM

The McGill Day Treatment Program provides a psychotherapeutic group-oriented program on a four-day a week basis to persons who require more than outpatient services but do not require 24-hour care. There were 75 patients who attended this program during the year and providing 1,553 patient-days.

A study of the McGill Program was initiated this year with the purpose of reviewing aims and objectives and to identify program directions required.

AFTER CARE PROGRAM

The After Care Program provides formerly hospitalized patients with a follow-up service through assessment and consultation as well as the administration of injectable long-acting medications. The program is provided in Charlottetown through the McGill Day Treatment Unit, in Summerside and Montague by the mental health teams, with an outreach to Souris and West Prince. The program provided 3,404 injections to 185 patients throughout the year. The demand for increased contact and injections in this program continues to increase.

DIVISION OF DENTAL PUBLIC HEALTH

Dr. R.G. Romcke, Director

The purpose of the Dental Division is to assist Prince Edward Islanders to achieve and maintain good dental health. Major activities include the Children's Dental Care Program, the Preventive Orthodontic Program and a Geriatric Dental Program.

The Division's administration office and the Preventive Orthodontic Clinic are located in the Sullivan Building, while four large mobile dental clinics operate in various centres throughout the province. Dental clinics are also operated at the Summerside Health Centre and the St. Jeans Elementary School in Charlottetown. In addition, Preventive Dental Clinics are operated on a part-time basis in Tignish, O'Leary, Crapaud, Abrams Village, Morell, Souris, Montague and Murray River.

Further improvements in the dental health of children were achieved during the past year with lower average treatment needs, and with more children having dental caries-free permanent teeth.

An increasing interest in the dental health needs of the elderly is rapidly developing across Canada with one province having legislation mandating certain basic dental services for the elderly living in institutions. This year saw further development of a program to meet some of the dental needs of elderly residents of government nursing homes.

The Children's Dental Care Program has as its objective, the achievement and maintenance of good dental health by all children in the province. The focus of the program is health promotion and the prevention of dental disease, combined with early, regular dental treatment where required.

The program provides dental health education, preventive services and dental treatment. Services are delivered in mobile and permanent Department of Health & Social Services Clinics and in private dental offices in a total of seventeen centres throughout the province. Extensive case finding and follow-up procedures are utilized to ensure that all eligible pre-school and school-aged children receive regular care beginning at an early age.

Dental Health Education is provided to parents and children in all clinics. Dental hygienists give presentations in kindergartens and to youth and other groups. During the year division staff visited day care centres and elementary schools in the province and participated in a variety of health promotional activities.

Preventive Dental Services are provided in all mobile and fixed dental clinics and in preventive clinics which operate throughout the province. Preventive services include cleaning of teeth, the topical application of fluoride and placement of fissure sealants. In 1989-90 a total of 18,129 children received preventive services at seventeen centres.

Dental treatment is provided in Department clinics and by private dentists in various centres throughout the province. During 1989-90 a total of 20,510 children received dental treatment. Of this number, 13,540 were treated by private dentists while 6,970 were treated in Department of Health and Social Services' Clinics.

Progress Toward Objective

In 1971, when the program commenced, the dental health of children in the province was deplorable. The average child had two infected teeth with seven additional teeth requiring large restorations (fillings). Regular dental care was being received by only 20 percent of school-aged children and 5 percent of pre-school children.

At present nearly all children in the province have good dental health. Approximately 85% of children are receiving dental preventive and treatment services on a regular basis; the extraction of teeth as a result of dental caries is a rare occurrence, and children require an average of just over one dental restoration each year.

The Preventive Orthodontic Program provides preventive and interceptive orthodontic services to children covered under the Children's Dental Care Program. The objectives of the program are to provide good function and acceptable appearance using simple methods, thereby eliminating the need for complex orthodontic treatment at a later date.

The program provides services to nearly one-third of all children at one time or another. Each year approximately 500 are referred to the clinic by private dentists and clinic dentists.

During 1988-89 a total of 1,349 children attended the preventive orthodontic clinic. Of this number, 308 children were treated with orthodontic appliances.

Geriatric Dental Pilot Program in Government Nursing Homes

The program consists of examination, treatment, and assistance with mouth care, as well as in-service training for staff to support these activities.

Each resident receives an oral examination by a Department of Health and Social Services staff dentist shortly after admission and at 18 month intervals. In addition, nursing directors and supervisors carry out oral assessments at four month intervals to monitor oral health.

Limited dental treatment is provided to eliminate pain and infection and to improve comfort where this is possible. Most treatment is provided by private dentists in their offices or in the nursing home.

Residents are provided with whatever level of assistance is required to enable them to provide daily care for their teeth and mouths.

Staff dentists and dental hygienists are available to provide advice on a continuing basis. They also provide in-service training to nursing staff directly involved in patient care and to students of the Residential Care Workers' program at Holland College. In addition, seminars in oral assessment are provided to nursing directors and senior nursing staff to enable them to recognize dental problems which require consultation with or treatment by a dentist.

The program has been well received by residents and by staff. The ability to monitor the oral health of residents and to have simple dental treatment provided when required is a valued service.

Dental Manpower

The province has an adequate supply of dentists who are well distributed throughout the province. Present indications are that a surplus of dentists is developing.

SUMMARY OF PREVENTIVE SERVICES

	NUMBER OF CHILDREN	
	1988-89	1989-90
Total for 17 centres	18,531	18,129

SUMMARY OF FISSURE SEALANT SERVICES

	NUMBER OF SERVICES	
	1988-89	1989-90
Number of services	9,660	9,130

SUMMARY OF TREATMENT SERVICES

	NUMBER OF CHILDREN	
	1988-89	1989-90
Public health clinics	7,027	6,970
Private dentists	13,385	13,540
	20,412	20,510

PREVENTIVE ORTHODONTIC CLINIC

	NUMBER OF CHILDREN	
	1988-89	1989-90
Children attending	1,329	1,349
Children treated with appliances	312	308
New children assessed	528	495
Children completed	496	613

EMERGENCY WELFARE SERVICES

Don Gorveatt, Director

The Emergency Measures and Disasters Act of 1959 has given the authority for organizing and providing Emergency Welfare Services within the province of Prince Edward Island. The Department of Health and Social Services has the responsibility for Emergency Social Services, generally defined as the operational system which is planned and organized for implementation when the structure of regular Social Assistance is inadequate in an emergency. This is considered as temporary assistance until regular pre-disaster welfare services resume operation or until other plans and programs come into operation. In addition, we are responsible for emergency services to holiday visitors from mid June to Labour Day Weekend.

The Province was free of any major form of emergency during the past year.

The Provincial Emergency Welfare Services has worked closely with the Director of Emergency Measures Organization on several disaster simulations which were held in various parts of the Province.

During the period 01 April 89 to 31 March 90, eleven candidates attended the emergency training courses at the Federal Study Center at Arnprior, Ontario. Two of our Manor Administrators attended the Special Care Facilities Emergency Planning Courses. Of the remaining candidates, five are employed by the Department of Health and Social Services in regional offices, one is employed with the Canadian Red Cross Society and three are employed in various community care facilities throughout the Province.

The Department hopes to increase this number during the 1990/91 year with the expectations that more spaces will be allocated to the Province. We are working closely with the Provincial EMP Director to update training of present employees.

DIVISION OF ENVIRONMENTAL HEALTH

Richard J. Davies, Director

PURPOSE

The mandate of the Division of Environmental Health is to promote and establish, through education, consultation and inspection, standards which are in keeping with the Public Health Act of Prince Edward Island and its regulations.

With this objective, the Division of Environmental Health has defined all its inspection programs under eight distinct categories. These categories are Food Protection, Occupational Health, Recreational/Institutional, Accommodations, Environmental Health, Education and Consultation and Radiation Protection Services.

Food Protection Program

This area of responsibility includes such services as inspecting grocery stores, slaughterhouses, eating establishments and licensed premises. Services provided by the Division in the course of these inspections are: consultation to operators, approval and evaluation of plans for new and existing buildings, sampling and analysis of drinking water supply, general inspection to ensure compliance with recommended standards of housekeeping procedures, maintenance and foodservice sanitation, routine swabbing of utensils and equipment for bacteriological analysis, and the investigation of complaints concerning foodservice sanitation or suspected food poisoning incidents.

Total Inspections - 3213

Type of Inspection	1988/89	1989/90	% Increase (Decrease)
MANUFACTURING			
Retail Grocery Stores	228	260	14%
Slaughterhouses	70	56	(20%)
CONSUMER			
Eating Establishments	1890	1995	18%
Swab Samples	110	306	187%
Licensed Premises	180	240	(33%)
Swab Samples	40	50	(25%)

Accommodations Program

This area of responsibility includes the investigating of rental accommodation complaints in permanent accommodations i.e., apartments, rooming houses or temporary accommodations i.e., summer trailer courts, tenting and campground and tourist facilities.

Total Inspections - 1850

Type of Inspection	1988/89	1989/90	% Increase (Decrease)
PERMANENT			
Apartments, Rooming Houses	50	85	70%

Rental Accommodation Inspections are conducted following a complaint from either the tenant or the Provincial Rentalsman.

TEMPORARY

Temporary Establishments - Hotels, Motels, Cottages and Campgrounds	1530	1765	36%

Occupational Health Program

Occupational Health problems are referred to the Division by the general public or government for investigation. The Division works in close co-operation with Medical Services, Health Protection Branch of Health and Welfare Canada. All chemical analysis and some scientific equipment used in these investigations is made available by this Federal Government Agency.

	1988/89	1989/90	% Increase (Decrease)
Total Inspections	50	55	10%

The type of problems investigated in the Occupational Health Analysis Program were:

- testing to levels of various gases.
- indoor air quality
- analysis for various fibre content
- checking ventilation systems within buildings.

Recreational/Institutional Program

These facilities are inspected to ensure they comply with the Public Health Act and Regulations, as well as other provincial legislation. Facilities include schools, day care centres, institutions and hospitals, nursing homes and swimming pools/saunas.

Total Inspections - 371

Type of Inspection	1988/89	1989/90	% Increase (Decrease)
Child Care Facilities	150	220	47%
Schools	15	22	46%
Nursing Homes	20	24	20%
Institutions/Hospitals	25	30	24%
Swimming Pools/Saunas	68	75	12%

Environmental Health Program

The Division receives inquires and complaints concerning environmental health problems. These complaints include rodents and insects, pesticides, occupational health exposures, dead animals, agricultural wastes, water, garbage, solid wastes and toxic chemicals.

All complaints and enquires are given priority in their investigation.

Total Inspections - 593

Type of Inspection	1988/89	1989/90	% Increase (Decrease)
Complaints	285	363	28%
Enquiries	190	230	21%

Examples of complaints which were referred by the general public would be:

- Garbage complaints
- Recall on foods
- Animals washed up on shore
- Unsightly property
- Insects in dwellings

Examples of enquiries are:

- Fuel oil contamination
- Regulations for establishing a restaurant.
- Wheelchair accessibility to public washrooms.

Education & Consultation Program

This program consists of both public and professional education. Education is a component of all Divisional programs. Owners and operators of the various facilities are taught proper foodservice sanitation procedures.

Seven (7) National Sanitation Training Programs were conducted for 110 people. This brings to 1125 the number of Island foodservice people who have successfully completed this Course. Other groups who received educational instructions from the Division included Licensed Nursing Assistants, and Dietitians at the Queen Elizabeth Hospital.

In addition, there are in-service education programs for the Community Health Officers.

Radiation Protection Services Program

This province has enacted the Radiation Safety Regulations which covers both ionizing and non-ionizing radiation. At the present time, Radiation Safety Officers from Health Protection Branch, Health and Welfare Canada, Ottawa, are conducting inspections of this province's hospitals, veterinary clinics, dental clinics, etc., to assure that radiation equipment meets the requirements of the Radiation Safety Regulations.

1988/89	1989/90
12 inspections were conducted. however, compliance with the Radiation Safety Regulations had been ensured by those operations who initially failed the inspection.	Two Radiation Safety Officers returned to Prince Edward Island to conduct follow-up inspections from problem areas which occurred the previous year. Twelve restricted use forms were issued. A total of 83 inspections were conducted during this visit.

To date, 53 Registration Certificates have been issued.

Conclusion:

The Division's workload continues to increase unabated. Complaints and enquiries from the public rose by 28 percent and 21 percent respectively. High risk facilities were targeted for additional inspectional activity. Percentage increases of inspections were Child Care Facilities 47 percent, School 46 percent, Nursing Homes 20 percent and institutions/ Hospitals 24 percent.

To better understand the "on-going" level of sanitation in this province's eating establishments, bacteriological swabs were collected. This activity reflected a 187 percent increase over 1989 figures. Another area that continues to show elevated levels of inspection is the Accommodations Program. Permanent rental accommodation's inspections increased by 70 percent and temporary accommodations (i.e. hotels, motels, cottages, campgrounds, etc.) by 36 percent.

Manpower requirements continue to be a problem due to the large amount of work expected of members of the Division. We will be very fortunate in May, 1990, to have an additional Environmental Health Officer joining the Division, after completing his academic training at Ryerson Polytechnical Institute in Toronto. Secondly, a bursary student position will be advertised in the fall of 1990, who will hopefully join the Division in 1992 or 1993.

DIVISION OF HOME CARE & SUPPORT

Sandy Bentley, Director

The purpose of Home Care and Support is to ensure that selected health, social and community support services are made available to individuals and their families. These services help people to remain in their own homes or to return to their homes if they have been receiving care in a hospital or to delay the need for long term residential services.

The services of Home Care and Support are intended to help people help themselves. They are not a replacement for family or community help. They are intended to help in a crisis, to relieve family caregivers, or to offer additional support.

Objectives:

(1) To coordinate and provide services and support to assist persons in meeting their health and social needs in their homes when this is the most appropriate place for care.

(2) To ensure the development of services which can provide an alternative to unnecessary, premature or prolonged placement of persons in institutional care.

(3) To relieve excess strain on family members or other persons providing care and in so doing, prevent the breakdown of a desirable living arrangement.

(4) To involve community organizations and volunteers in the provision of specific home support services.

(5) To assess and provide or arrange assistance to vulnerable adults, unable to protect themselves from abuse or neglect.

(6) To provide educational programs for the general public on the needs of clients and the services available.

Services:

Home Care and Support operates, purchases, or supports the development of a range of services to be provided to persons in their own homes and communities. The services can be categorized into five major types:

(1) **Home Care Nursing**

Home Care Nurses provide basic nursing care at home on a visiting basis and as prescribed by a physician. The kinds of care include: injections, dressing changes, ostomy care, catheter insertions and care, blood pressure monitoring, assessments, health supervision, and health education. Intravenous therapy, specialized respite and pallitative care are now aspects of the service as well. Nurses from the Division visit the seven hospitals on a regular basis to identify and plan for patients who may require Home Care Nursing or other services upon discharge.

The Home Care Nursing caseload increased by 35% from March 1989 to March 1990. In addition to the increase in caseload numbers, there has also been a trend towards more frequent visits, with several clients receiving treatments two or three times per day. There have been increases in referrals for post- operative care, both in patient and day surgeries. Referrals from out of province hospitals have increased. Many involve treatments which require additional specialized training.

Weekend and evening coverage is available in all areas of the province when required. In several instances, nursing services were provided through the night for terminally ill people who chose to die at home.

(2) Visiting Homemaker

The Visiting Homemakers provide services for those who cannot perform basic activities themselves. The types of services can be categorized as personal care, tidying and cleaning, laundry and mending, meal preparation, accompaniment, and supervision.

Referrals for the Visiting Homemaker service may come from any source. An assessment is done to determine the amount of service required and a means test is used to determine the rate a client must pay, according to a sliding fee scale.

The Visiting Homemaker caseload continued to grow, with a 10% increase from March 1989 to March 1990. There were general trends towards increases in: persons requiring daily services; persons requiring help twice daily, both morning and evening; persons needing personal care as a result of medical conditions or extensive physical disabilities; number of clients who will require services for extended periods of time; and clients who need a wider variety of services from the Visiting Homemaker due to more complex and multiple needs.

(3) Community Support Services

Each region has a Community Support Worker who assesses the needs of clients in the community and assists them in accessing and setting up services and supports which will enable them to remain in the community as long as possible. The worker will continue as necessary to monitor the progress and maintain follow-up of individuals and will ensure that arrangements meet changing needs. When required resources are not available or sufficient, the Community Support Worker will work with personnel to establish and develop programs and services to meet those identified needs. Examples of the types of community services include: chores, handyman services, daily telephone contact, day programs, family relief, friendly visiting, home deliveries, in-home help, meals-on-wheels, living accommodations, and transportation.

The Community Support Worker also has a major role in creating opportunities to inform and educate the public on subjects relating to services, needs, and the philosophy of service delivery.

Community Support Workers had a very productive year. The caseload increased by 3% from the beginning of the year to the end, a reflection of the increased awareness of the service and its usefulness.

In their roles as facilitators, the Community Support Workers assisted in the development of a wide variety of community and volunteer programs and submissions for funding. Some examples include: CMHA Alzheimers Day Respite Program, PEI Alzheimer's Society, "Bridging the Gap", PEI Gerontology Association's Housing Options Booklet, and PEI Social Workers Association's "Learning Today For A Better Tomorrow".

The Community Support Workers make a major contribution to both educating the public in the area of Home Care, and providing the link between community/volunteer services and governmental services to meet the needs of individuals.

(4) Occupational Therapy

Occupational Therapists provide a wide variety of services to clients in a community setting. The Occupational Therapists use activity to meet the clients' goals in self-care, productivity, and leisure. After an assessment, treatments may be related to splinting, assistive devices, special equipment, architectural adaptions, disabled homemaker functions, arthritis education, hand function, self-care, and activities of daily living.

The Home Care Occupational Therapists have completed their third full year of operation in Home Care and Support and saw caseloads increase 10% over the last year. In addition to specific Occupational Therapy services, the Occupational Therapists assists in assessing some of the more complicated multi-disciplinary cases, and in training other divisional staff on lifting and transferring techniques, preventative back care, and developing back care guidelines and policies for the Division.

Most people referred for Occupational Therapy Services in 1989-90 were experiencing neurological conditions affecting their abilities. Time spent with these clients was equally divided between adaptation of the environment and modification of methods for achieving daily living tasks in their home setting.

There were opportunities in Summerside, Charlottetown and Montague for three Occupational Therapy students from Dalhousie to complete intern placements.

(5) Physiotherapy

This service is purchased from the hospitals when it is needed by clients in a community setting. When used as part of the Home Care and Support Program, the Physiotherapy usually involves an initial visit to teach techniques to the client, family, or caregiver, and a follow-up visit to monitor progress.

The use of this service has been minimal. Although the Division has the option to purchase more physiotherapy services from the hospital system, staff shortages have meant that this resource simply does not exist.

(6) Adult Protection Services

The Adult Protection Service of Home Care and Support has seen its first full year of operation. There has been a steady increase in the number of referrals from 17 in March 1989 to 35 in July, 51 in October 1989, 75 in March 1990. The majority of cases were provided with assistance after a preliminary investigation while 14% required in-depth assessment. Court ordered intervention was not required. Concerns have been resolved by mediation and additional supports.

Public education and awareness of adult protection issues was increased as several presentations were made to professionals in related fields - e.g. police, nurses, physicians and care providers. Support (in an advisory capacity) to the Association of Social Workers project, "Learning Today For A Better Tomorrow", was also begun. This project which focuses on both elder abuse/neglect and the needs of caregivers resulted in increased awareness of the potential for abuse/neglect and resources available to alleviate stress.

General Developments:

Staff Workshops

Each service discipline had two workshop days specific to their service delivery. Plans are underway to replace the second workshop day with a multi-disciplinary workshop focusing on issues which cross service lines.

Students

The Division is available to student orientation and placements from several educational institutions. The common areas of study are nursing, medicine, and occupational therapy.

Two masters of nursing students did community projects with the Division related to quality assurance and incident reports.

Occupational therapy students assisted in the development of a community wellness program and reduction of eating difficulties project.

Presentations to PEI School of Nursing and the coordination of clinical placement days resulted in greater awareness of the Division and the philosophy of community based care.

Special Education Needs

The demands for complex care at home required staff to respond quickly to education needs. Some staff have received specialized education in hemo and peritoneal dialysis, computerized pain management, total parenteral nutrition, pediatric ileostomy care and nosogastic tube feedings. The Division appreciated the cooperation and support provided by in and out of province acute care hospitals and physicians.

Pilot Project For Care To Terminally Ill

The Division completed a one year pilot on waiving fees for services to those in need of extended hours of care in the final weeks of life.

Visiting Homemaker Guidelines

The guidelines were reviewed by all staff operating within them. Several areas were reframed to reflect new service issues.

STATISTICS:

CLIENTS BY SERVICE PROVIDED

	March '87	March '88		March '89		March '90	
	N	N	% increase	N	% increase	N	% increase
HCN	409	451	(10)	613	(36)	832	(35)
VHS	545	591	(8)	680	(15)	753	(10)
OT	226	289	(28)	237	(-18)*	284	(10)
CSW	211	262	(24)	383	(46)	370	(-3)*

ACTIVE CASELOAD

	March '87 N	March '88 N	% increase	March '89 N	% increase	March '90 N	% increase
MALES	425	465		484		517	
FEMALES	739	822		979		1128	
TOTAL	1164	1287	(11)	1463	(14)	1645	(12)

** Decrease is a reflection of a change in recording service, not an actual decline in service.

INCOMING NEW CASES

Incoming New Cases by Month (March 89 - March 90)

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
HCN	71	74	115	108	9	83	78	88	87	96	74	93	95
VHS	29	53	58	52	6	29	44	28	39	25	31	47	40
CSW	23	7	24	13	7	26	39	27	18	8	27	40	32
OT	33	14	24	19	4	35	31	28	25	29	27	21	26

AGE DISTRIBUTION

Age Distribution (%) of clientele

	March '87	March '88	March '89	March '90
Under 60	19	18	15	14
60 - 80	71	72	75	77
90+	10	10	10	9

MANAGEMENT SERVICES DIVISION

Rick Callaghan, Director

The Division of Management Services is a support Division – it provides support to all other divisions in the Department in the areas of personnel, finance, administration, audits, word processing and management information systems.

Personnel

This unit was involved in all personnel matters in the Department such as coordination of staffing, classification reviews, collective bargaining, staff development and training, liaison with the Civil Service Commission, Treasury Board, and Executive Council.

Management Information System

Data entry, report distribution, information retrieval and clerical work is provided for the following systems: Social Services Management Information System, Drug Prescription System, Mental Health System and Nutrition Pregnancy Study.

The Drug Prescription System was combined with the Provincial Pharmacy's Insulin System (EDIP). Data entry for all claims is provided and the eligibility for emergency prescription drugs is verified by this section while the eligibility for the Insulin Program and the validity of the drugs is checked by Provincial Pharmacy staff.

Information Systems Support Section

The Management Information Coordinator for information systems development was moved from the Division of Policy and Planning to Management Services and was joined with the Management Information System Support section. This unit is responsible for the ongoing maintenance and support for existing information systems, for the review and development of all Departmental systems, troubleshooting for hardware and software problems and development of the Computer Application Plan. According to the Computer Applications Plan, the Department set up an additional ten computer workstations to be utilized for a variety of tasks, i.e., word processing, data file access, etc.

Review and Development of Systems

The Child Health Record System for the Division of Nursing was designed and completed with implementation to begin in 90/91. This main frame system was written in LINC and will provide online input and update of child health records in the Regional Health Centers.

The Day Care Subsidy Program and the School Hypertension Program were both written in DBASE III for a micro computer. Two existing main frame systems, Audiology and Mental Health, were rewritten in DBASE III for a micro computer.

Two major main frame systems were reviewed. DMR Consulting conducted a review of the Social Services Information System. Departmental and Computer Services staff reviewed the Provincial Pharmacy System. Both systems are scheduled for conversion to a higher operating system on the main frame computer. Both reviews were aimed at reviewing the current system to identify problem areas and future requirements.

In addition to the above, ongoing support was provided to other micro computer applications such as Home Care and Support, Oncology, Early Childhood Staff Certification, Day Care Registry, etc. The Departmental Computer Application Plan was updated for the current year and for 90/91.

The MIS Coordinator attended a Health Information Workshop in Victoria, B.C. in September, 1989.

A program to automatically print the School Supply cheques for the Welfare Assistance Program was implemented in August of 1989. The Credit Service Authorization (CSA) pilot project was begun in November, 1989. This pilot project led the way for a redesign of the form and procedures to eliminate the completion of one form and two steps of verifying and to reduce the amount of time required to process the payment and to assist the Department in implementing new signing authority procedures.

The MIS Supervisor was seconded to the Division of Child and Family Services in July, 1989. One of the MIS Clerks filled the MIS Supervisor's position for the same period and a person was hired temporarily to the MIS Clerk position.

Audit Section

The Auditor General's Report on the Welfare Assistance Program continued to influence the work of the Audit Section. While program and case audits continued to be performed, emphasis evolved in the latter part of the year to conducting analyses for senior management and recommending methods of implementing some of the Auditor General's recommendations and on conducting financial analyses for the Deputy Minister.

Health Manpower Planning

The Director represented the Province at the Federal/Provincial Advisory Committee on Health Manpower meetings. Shortages in all Rehab Professions (Physiotherapists, Occupation Therapist and Speech Therapists) Dental Hygienists and Pharmacists were among issues discussed. The Director also represented the Province at four meetings of Maritime Province Higher Education Commission Advisory Common on Health Sciences Education in Halifax.

DIVISION OF NURSING

Ella B. MacLeod, M.S. Director

Purpose

To serve as the vehicle within the Department of Health and Social Services for the execution of community services in the detection and prevention of illness or disability; and in the promotion and maintenance of optimum health for Islanders of all ages.

Objectives

To provide health-related services that are equally accessible to all Islanders; services that will prevent the outbreak of and consequences of communicable and social diseases; services for the early detection and prevention of illness; and health education programs for the promotion of health and healthy life-styles.

Health Units

The Division of Nursing accomplishes its objectives through a decentralized service in Tignish, O'Leary, Summerside, Kensington, Charlottetown with four locations, Montague and Souris.

Programs

a) Public Health programs include: reproductive care and child health, school and preschool health, communicable disease control, health supervision and illness prevention;

b) Health Education;

c) Diabetes Education;

d) Family Life Education; and

e) Heart Health Programs.

Staff

The Division of Nursing staff consists of a director, 4 public health supervisors, 4 coordinators, 19 full-time and 8 part-time nurses, one nutritionist, 6 full-time and 8 part-time clerical staff.

PUBLIC HEALTH PROGRAMS

Reproductive Care and Child Health

The **OBJECTIVES** of this program are to promote the health of mothers throughout their pregnancy, foster and growth of the infant, and help parents develop skills in parenting. A Parent-Child Committee meets regularly to review the programs and make recommendations for change.

There were 562 high risk and primip mothers referred to the public health nurse for assessment and intervention.

Fifty-five series of pre-natal classes were offered in six locations throughout the province to 496 mothers and 393 fathers. In addition, there were 152 individual or group counselling sessions and 64 mothers introduced to the smoking cessation program. 17% stopped smoking and 56% cut back on the amount smoked. It is felt that the program is having some success. Nurses made 393 visits to pregnant women in the home offering help and counselling and saw 392 in the health clinics.

The "Preparing for Baby" Book was published and is given to all pregnant women attending the health clinic and prenatal classes. It was also delivered to all clinics and doctors and has been well received.

All mothers were visited in the maternity ward to assess their needs and plan for a follow-up visit at home. There were 2,097 post-partum home and 686 health clinic visits plus additional visits to newborns during first year of life. Mothers were helped with care, the baby assessed, and plans were made with the mother for attending the Child Health clinics. Visits included the 102 children born with a congenital anomaly.

A total of 367 Child Health clinics were held at 18 locations. Four held weekly and others monthly. Approximately 2,000 infants were assessed and or immunized at the two, four, six, fifteen and eighteen month old clinics. There was a total of 11,343 scheduled visits and 143 children identified as having a health problem and referred.

At 3 + years, a comprehensive appraisal, including physical, mental, emotional, social and nutritional status is undertaken. During this period, there were 364 clinics at six locations attended by 1,337 children with 267 referrals.

Pre-school entry clinics were organized at six locations. 2,114 children were assessed and/or immunized with 172 referred for health problems.

Nurses made 1,078 visits to the home and saw 197 pre-school children in the health unit assisting mothers with problems associated with their children.

School and Kindergarten Health Program

The **OBJECTIVES** of the school program are to provide a knowledge of health, encourage healthy life-style practices and promote early treatment of an illness or disability. The objectives are accomplished by counselling students and acting as a health information resource for teachers. Services include health appraisal, screening for defects and immunization of the child. Noted defects are brought to the attention of parents so they may seek treatment. The nurse offers support and follow-up as needed.

There were 70 schools and 24 kindergartens and day cares visited on a regular basis. Screening of children for various health problems included:

	School	Kindergarten
General Health Inspection	13,385	911
Number of children identified with a nuisance disease	294	26
Vision Screening	5,888	
Referred	1,000	
Hearing Tested	1,920	
Referred	257	
Scoliosis Screening	61	
Referred	8	

There were 533 visits to the home for follow-up care and 299 children assessed in the health unit.

Nurses spent 236 hours giving 161 health education talks to 5,677 students and 173 hours in counselling 349 individuals about a health problem.

616 Grade 8 students from 5 regions continued to participate in the *Heart Health Program*. Students again had their weight, height and blood pressure measured and finger prick for cholesterol. They were provided with health education to help them develop a healthy life-style and eating habits for a health heart.

Communicable Disease Control

Immunization

There were 14,375 scheduled visits to the health clinics where approximately 7,290 infants and preschool children, 1,956 school children and 890 adults were given 18,045 vaccines.

Sexually Transmitted Diseases

There were 15 cases of gonorrhea and 205 of chlamydia identified and follow-up done for contacts.

Salmonella and Other Bowel Infestations

There were 40 primary cases of Salmonella and 107 cases of campylobacter identified and placed under surveillance and follow-up done for contacts.

Tuberculosis

There was 5 positive cases reported and two inactive. Follow-up of contacts and health teaching carried out.

NURSES provided health teaching for 514 persons in the home and 246 persons in the health unit who had or were in contact with a communicable disease.

Health Supervision and Illness Prevention

Forty-seven Senior Citizen's Homes were visited on a regular basis with seven organized programs covering foot care, blood pressure check and nutrition counselling and health education.

There were 1,270 adults and seniors visited in the home and 122 seen in the health unit for health supervision of an existing health condition.

The public health nurses gave 106 health related talks to community, home and school, institutes, groups, etc. with an attendance of 2,306 participants.

DIABETES EDUCATION PROGRAM

Established in 1973, the Centre operates out of Charlottetown and Summerside, going out to other locations as necessary. The program provides courses designed to help diabetics and their family cope with diabetes, as well as instruct allied health professionals and students.

	Charlottetown	Summerside	Total
Number of courses	17	10	27
Number of people, family, professionals who completed course	264	151	415
Number of special sessions for gestationial diabetics	17	5	22
Number of Computer/Monitoring Sessions with children & teens	25	14	39
Number of follow-up visits	1,170	591	1,761
Number of professional up-dating sessions	0	0	17

FAMILY LIFE PROGRAM

In response to Prince Edward Island's public and professional growing demand for access to meaningful, accurate, and up-to-date information about many areas of Family Life, this program offers an ever broadening range of services to all Islanders. The program provides liaison with various members of the community including professionals, parents, youth and community groups; consultation and/or delivery of presentations geared to specific issues, ages or groups. The program also provides a multimedia resource center.

Resource Kit:
Sexuality - Caught Up in the Confusion: developed for individuals working with adolescents.

Workshops/Presentation – 71 These included:

Sexually Transmitted Diseases Workshops

An educational package was developed for conducting workshops for college/university students. A Blitz Day was held at U.P.E.I. in September. Workshops were presented in all Holland College classes in their various centres. (These workshops included AIDS education.) The goal of these workshops is to increase awareness among our young adults and promote prevention through teaching decision making skills and responsible behaviour.

Parenting Workshops

A pilot program was developed to be given in seven locations across P.E.I. for parents of grade six students. These programs are two hours each and run for three consecutive weeks. The goal is to help parents become more comfortable with discussing sexuality with their children.

Other Workshop Topics

- Family Communication
- Sexuality/Self Esteem/Decision Making
- Sexual Development/Sexual Response
- Conception/Contraception Education
- Adolescent Pregnancy
- Preventing Sexual Assault
- Marriage Preparation
- Parenting of Adolescents/Teens
- Marriage Enrichment

Number of Participants by Category

Elementary School Age	-	300
Junior/Senior High Age	-	223
Other Youth	-	82
Parents	-	319
Professionals	-	146
College/University	-	828
Total	-	1,898

HEALTH EDUCATION PROGRAM

Objectives: to initiate, organize and participate in cooperation with other divisions, departments, official and voluntary agencies in health promotion activities; to coordinate the Department's health education programs and other agencies throughout the Province; to plan and organize inservice education programs in cooperation with nursing senior management; and, to assist in implementation of National Health Promotion Programs.

Program Activities

- Planning and organizing two health fairs in Charlottetown and Summerside.
- Production of a twelve minute heart health video for grade 7-8-9 students.
- Development of a lifestyle booklet, *"Be Well - Your Guide for Healthy Lifestyle"*, to be distributed to the general public.
- Development of a Health Campaign Calendar.
- Development of a P.E.I. Directory of Health Organizations.
- Coordination of the Nurses and Smoking Project via a federal grant to promote non-smoking among nurses.
- Organization of the Health for Life Award, an award presented to a volunteer who promotes healthy lifestyle practices in their community.
- Production of public service radio announcements relating health messages.
- Coordination of "For the Health of It" newspaper column, a regular column of health issues.
- Participation in promotion of special events: Fitweek, national Non-Smoking Week, Nutrition Month, Canada Health Day, Class of 2000 Smoking Project, Bicycle Helmet Safety Campaign.

- Involvement in health promotion programs: Cardiac Education, Change of Heart, Child and Family Forum, School Smoking Policy National Survey, National Teen Smoking Cessation Program.
- Representation of P.E.I. Council on Smoking and Health, National Committee to Reduce Tobacco Use, The Joint Union - Management Smoking Policy Committee of P.E.I. government.
- Provision of resource materials to professional and community groups on health issues.
- Facilitation of conference on Tuberculosis for health professionals.

HEART HEALTH PROGRAM

The P.E.I. Heart Health Program was launched in January. A 15 member co-ordinating committee was established with representatives of voluntary health organizations, professional associations and government.

Copies of the Heart Health Survey report was summarized and sent to all physicians, hospitals and other health care workers. A "logo and theme" contest was initiated to find a logo for the program.

DIVISION OF ONCOLOGY SERVICES

D.E. Dryer, M.D., Director

The Division of Oncology Services provides consultations for adult patients with or suspected of having cancer and/or hematologic disorders, drug treatment of same, follow-up of patients, and compilation of information on cancer incidence in Prince Edward Island.

The Outpatient Oncology Clinic is located in the Special Services area of the Queen Elizabeth Hospital. One day a week a similar clinic is held in the Outpatient Department of the Prince County Hospital.

Intravenous chemotherapy is administered by either a specialized oncology nurse or the patient's treating physician. Virtually all drug treatment in the Queen Elizabeth Hospital is performed by an oncology nurse, except in children. Most treatments consist of multiple intravenous (I.V.) drugs. A large number of patients are treated with oral chemotherapy and/or anti-cancer hormones for which statistics are not available.

The majority of patients requiring adjuvant or palliative radiation treatment are referred to Dr. W.T. Hooper at the Queen Elizabeth Hospital.

With the arrival of the C.T. scanner, most patients do not require management outside the province except for specialized radiotherapy, occasional surgical procedures, induction treatment for acute leukemia, and bone marrow transplantation.

Two family practitioners are employed part-time as clinical associates providing inpatient and outpatient cancer care under supervision of the Oncologist at the Queen Elizabeth Hospital.

The Oncology Division participates in clinical trails run by the National Cancer Institute of Canada with informed, signed consent of those participating patients.

Many Island cancer patients are assisted financially with drug expense and out-of-province travel costs by the P.E.I. Division of the Canadian Cancer Society.

Patient Statistics

No. of consultations/referrals		368
No. of patients receiving I.V. chemotherapy		
Queen Elizabeth Hospital	102	
Prince County Hospital	22	
No. of I.V. chemotherapy treatments		
Queen Elizabeth Hospital	1,011	
Prince County Hospital	82	
No. of new patients referred		208
Breast cancer	53	
Hematologic malignancy	29	
Lung cancer	30	
Gastrointestinal cancer	46	
Genitourinary cancer	14	
Other	23	
Benign conditions	13	

The Division maintains the Provincial Tumor Registry which provides cancer incidence data to Statistics Canada. The sources of information are pathology reports provided to the Director by the Departments of Laboratories of the Queen Elizabeth Hospital and Prince County Hospital, and a monthly list of cancer deaths from Vital Statistics. This data is stored on computer. A recent review of mortality data for 1980-86 shows no significant difference compared to national statistics.

PHARMACY SERVICES DIVISION

L. Roger Montigny, Director

OBJECTIVES

1. To provide an economical source of purchasing and distributing drugs and other supplies to government institutions and programs.
2. To provide a method of control for government to ensure that eligible patients receive the best quality of medication and supplies.
3. To provide professional pharmaceutical consultation services to clients institutions, various government departments, agencies, etc.
4. To provide administration of various drug programs from program development to the day to day operations.

A variety of programs are operated by the Pharmacy Services Division in conjunction with the above objectives. The following represents a brief sketch of the various programs.

INSTITUTIONAL PHARMACY PROGRAM

The institutional pharmacy provides a prescription drug service to the following government health care facilities:

Hillsborough Hospital	Maplewood Manor
Dr. Eric Found Centre	Summerset Manor
Beach Grove Home	Colville Manor
Prince Edward Home	Riverview Manor
Sherwood Home	Wedgewood Manor
Correctional Centres	Detox Centres

The primary functions of the Institutional Pharmacy Service is:

1. Centralized ordering and dispensing of medication.
2. Periodic drug monitoring of residents medication profiles, ongoing professional consultation service, and pharmacy inservice programs to promote safe and effective drug therapy.

DRUG COST ASSISTANCE PLAN FOR SENIORS

The plan assists residents of Prince Edward Island who are 65 years of age or over with the purchase of approved drug benefits. Normally the cost of a prescription consists of two parts: A charge for the drug ingredients and the pharmacists charge for professional services including the dispensing of the drugs under the program. The senior is responsible for paying $4.00 towards the total cost of the drug ingredient and also paying for the pharmacist's professional dispensing fee. Management of the program falls within the Pharmacy Services Division while the day to day administration is carried out by Island Computer Limited on a contract basis.

IMMUNIZATION PROGRAM

The immunization program for the prevention of communicable diseases is administered by the Division of Nursing. The vaccines are purchased by the Pharmacy Services Division and distributed on request to the regional offices of the Division of Nursing.

DIABETES CONTROL PROGRAM

The Diabetes Control Program was initiated in 1962 and was designed to supply insulin, oral diabetes medication and urine testing materials to residents of Prince Edward Island diagnosed as diabetics. The program was developed to ease the financial burden of procuring medication and supplies. There are no costs to the diabetic patient for insulin, oral diabetes medication or urine testing materials. Presently there are 3,000 diabetics registered with the program.

PHENYLKETONURIA PROGRAM (PKU)

The PKU Program provides Lofenalac free of charge to all residents of Prince Edward Island diagnosed with PKU.

The formula, Lofenalac, is essential in the prevention of mental retardation for those diagnosed with PKU.

Special low protein foods are also available through the Pharmacy Services Division and are available at cost.

CYSTIC FIBROSIS PROGRAM

The Cystic Fibrosis Program was established to help defray the heavy financial strain caused by the disease, Cystic Fibrosis. The program provides to the beneficiary, at no charge, drugs that are prescribed expressly for the treatment and control of Cystic Fibrosis. Benefits include antibiotics, enzymes, broncho-dilators, vitamins, necessary I.V. solutions and drugs for adjunctive therapy.

NUTRITION SERVICES PROGRAM

This program is administered by the regional community nutritionists of the Department of Health and Social Services. Women receiving financial assistance and children whose families are in receipt of financial assistance are eligible for the program.

The Pharmacy Services Division provides the prenatal and/or multi vitamin-mineral supplements to the regional offices where they are distributed by the Community Nutritionists.

CYCLOSPORIN

Patients having had organ transplants may have the drug cyclosporin prescribed. The beneficiaries are selected and the drug dispensed by the Victoria General Hospital. The program was implemented to assist Island residents in payment for the high cost of the drug. The total cost of cyclosporin is billed and paid by the Pharmacy Services Division.

Rh_o (D) IMMUNE GLOBULIN PROGRAM

This program, administered by the Red Cross Blood Transfusion Service, provides Rh_o (D) Immune Globulin for the prevention of hemolytic disease of newborns. There is no cost to the recipient and the Pharmacy Services Division orders the product and pays the cost involved.

NEUROLEPTIC INJECTION PROGRAM

The program was established to provide ongoing antipsychotic medication treatment to, and monitoring of conditions of selected long-term clients in the community. The program also is intended to advance the reintroduction of certain hospitalized individuals into the community.

Since 1980 the Community Mental Health Services administers the major portion of the antipsychotic medication program. Home Care and Support are involved also, particularly when patients are living in rural areas or because of infirmities, are unable to attend after care clinics.

Community Mental Health Services provide to the Pharmacy Services Division a listing of clients. The supplies are provided and paid for by the Pharmacy Services Division.

RHEUMATIC FEVER PROGRAM

This program provides prophylactic antibiotics to island residents with well documented history of rheumatic fever and those with definite evidence of rheumatic heart disease. There are no costs to the client for the drugs supplied under this program.

MENTAL HEALTH AFTERCARE PROGRAM

This program subsidizes the cost of psychiatric medications to island residents. The Pharmacy Services Division administers the program in conjunction with psychiatrists practicing on Prince Edward Island. Clients obtain their medications from the Pharmacy Services Division at cost plus 20% to cover dispensing costs.

SEXUALLY TRANSMITTED DISEASE PROGRAM

The program was implemented to assure the treatment of cases and contacts and to prevent the spread of disease. The Pharmacy Services Division provides at no cost all oral or injectable drugs used in the program. The Division of Nursing works in close cooperation with the Pharmacy Services Division in administering the program.

WELFARE ASSISTANCE PROGRAM

The Welfare Assistance Program provides to those clients who are provided services under the Welfare Assistance Act free drugs through the Pharmacy Services Division.

All prescriptions are filled at the Pharmacy Services Division except when emergencies arise and the Pharmacy Services Division is closed.

Such situations would be the starting of antibiotics, medicine for asthma attacks, short term pain remedies that require immediate commencement. For such situations an emergency drug card is available that permits the client to obtain the necessary medication at a local retail pharmacy. There are approximately 8,000 clients served by this program.

GROWTH HORMONE PROGRAM

Since 1967 this program has operated to provide closely supervised treatment of growth hormone deficient children.

Prince Edward Island residents are treated at the IWK Children's Hospital in Halifax, Nova Scotia and the growth hormone costs are paid by the Pharmacy Services Division.

TB DRUG PROGRAM

Since 1986 this program has been administered by the Pharmacy Services Division. The program ensures a supply of drugs to all island residents used in the treatment and prevention of T.B. Benefits are available from the Pharmacy Services Division by the presentation of a prescription from a physician. The drugs are supplied to clients at no cost.

Participants in the various programs range anywhere from 2 in the PKU Program to a possible eligible number of 16,000 in the Seniors Program.

In April 1989, a "Policy Manual" was completed which provided a very detailed picture of the programs the Pharmacy Services Division supports and/or Administers.

Also in April 1989 a part-time professional pharmacist position was created and filled two months later. This part-time position has helped to enhance the services provided by the Pharmacy Services Division.

SPECIAL SERVICES DIVISION

Verna Bruce, Assistant Deputy Minister

The Special Services Division is responsible for program planning, development, consultation and coordination of a number of departmental services: employment programs for welfare assistance recipients, services to the physically and mentally handicapped, vocational rehabilitation, speech therapy, early childhood development and day care, nutrition, and services to the long-term mentally ill. In addition to the above activities, the Special Services Division was responsible over the past year for the management of the Audiology Program, Day Care Inspections and Licensing Program, Milk Ticket Program, and Sherwood Home. Special Services also purchases services from community agencies serving persons who are mentally ill, mentally handicapped or physically disabled. Services include sheltered workshops, residential, transportation and special counselling.

EARLY CHILDHOOD SERVICES

As of March 31, 1990, there were 120 licensed early childhood centres in P.E.I., with a total of 3,634 spaces. This represents a 12% increase in the number of licensed centres, and an 18% increase in the number of licensed spaces. Growth was most dramatic in the increased number of full time day care programs, where the number of centres increased by 18%. During the course of the year, the Child Care Facilities Board issued 117 licenses and 32 provisional licenses to child care facilities.

The Direct Funding Program continued to provide Maintenance Grants, Flat Rate Grants, Infant Incentive Grants, and Special Needs Grants to licensed child care facilities.

As part of an ongoing effort to improve quality in early childhood programs, Program staff offered thirty-five different training sessions to early childhood workers and students across the Province. These sessions included the annual Kindergarten Conference, and a series of workshops on Gifted Children.

During 1989 - 1990, Early Childhood Services Staff became involved in a number of national projects. In April, 1989, staff were responsible for program planning for the First National Conference of the Canadian Child Day Care Federation held in Winnipeg. In addition, the Department agreed to host the Second National Conference of the Canadian Child Day Care Federation, to be held in Charlottetown in June, 1991.

Department staff also became involved in the National Child Care Study. The Coordinator of Early Childhood Services chairs the Provincial Writing Team, which is preparing the P.E.I. section of the National Study.

During 1989, the Department co-sponsored, with the Early Childhood Development Association, two projects which were funded by the Child Care Initiatives Fund. The first project was a literature review on Infant Day Care. The second was a Study of Rural Day Care on P.E.I., and examined parental preferences for types of child care.

The Department continued to provide various resources to both parents and early childhood supervisors, including a Parent's Guide to Early Childhood Programs, A Directory of Licensed Early Childhood Programs, and Positive Behavior Management in Early Childhood Programs. In addition, the Department updated Government's Guiding Principles for the Development of Early Childhood Services, in order to present up to date data on all child care programs.

The Coordinator for Early Childhood Services and the Assistant Coordinator continued to provide consultation to individuals, groups, agencies, and other provincial governments.

SPEECH-LANGUAGE PATHOLOGY

Speech-Language Pathology services continued to be provided by the Department through the five regional offices and the Q.E.H. Twelve Speech-Language Pathologists (10.5 positions) were employed and for the first time in many years, the services of a full-time Speech-Language Pathologist were returned to Region 5. There were several staff changes including four maternity leaves and a year's leave of absence; with the exception of the Co-ordinator's maternity leave, full-time coverage was achieved.

Results of a departmental review of the program included the following recommendations:

1) Completion of new assessments within 2 months.

2) Establishment of caseload ceilings.

3) Regular monitoring of caseload size, severity and level of service.

4) Supervision of the SLP's to be provided by the Intake Supervisors.

These changes will be phased in over a six month time period beginning with Region 3.

During the year, 304 new assessments were completed with 3,005 therapy sessions held. Referrals Island-wide continue to expand for younger and "high-risk" children as well as school-age children with auditory processing difficulties. In Region 3, one SLP assesses all preschoolers and in consultation with the Intake Supervisor, assigns new cases when caseload size permits.

Staff development continues to be a high priority. All staff attended two major local conferences/workshops on **Management of the Child with a Cleft Palate** and **Management of Stuttering.**

With the increasing number of children with special needs assistants/tutors, the role of consultation and home/school programming has markedly expanded. Requests for workshops/in-service training continue to grow with presentations made to the annual Kindergarten Conference, school personnel, hospital staff and School of Nursing during the year.

AUDIOLOGY

Audiology services continues to be provided to Island residents from the central testing facility located at the Queen Elizabeth Hospital and from four regional clinic sites held in Provincial Manors in Alberton, Summerside, Montague and Souris. Scheduling of the Regional Audiology Clinics are on an as-needed basis. This results in bi-monthly visits to the Alberton Regional Clinic site and visits to the remaining regions every second or third month.

Waiting lists are approximately one month for Region II, IV and V, with a five-month waiting list in Region I and a six-month waiting list in Region III. During the year, 166 clinic days were recorded with a total of 1,030 patient visits reported. 485 of these visits were for new clients. The breakdown by region is as follows:

Region I	-	88 clients visits
Region II	-	41 client visits
Region III	-	828 client visits
Region IV	-	58 client visits
Region V	-	15 client visits

The higher number of visits in Region III reflects higher service demands in this region. As well, the clinic in this region is the main diagnostic unit and serves clients from across the Island.

The Elks of Canada purchased a new piece of equipment for audiology. This equipment is called a middle ear analyzer which helps identify medically treatable middle ear disease.

RESIDENTIAL SERVICES

The Department of Health & Social Services funds six non-profit organizations across the province to provide residential services to adults who have disabilities.

In Charlottetown, CMHA operates a system of apartments and group homes for persons who are recovering from mental illness. This system is administered by Fitzroy Center using a "clubhouse" concept.

There are five organizations, one in each region of the province, that provide residential services to persons with mental retardation. These services can range from room and board accommodation to group home living.

SHELTERED WORKSHOPS

Vocational Training Services provided through the sheltered workshop system served approximately 200 mentally retarded persons in seven agencies across the Province at a cost of $1,613,600. During this year, the Department began, in consultation with Agency Boards, a major review of the Department's Vocational Training Funding Policy. The Department also took a major step towards achieving wage and benefit parity among workshop staff. This will ensure that staff with the same qualifications will receive the same compensation no matter where the workshop is located.

The commitment to meaningful work and supported employment in the community for all those with the potential remains the ideal. Workshops have been encouraged to make use of programs such as Employment Enhancement and the Vocational Rehabilitation of Disabled Persons Program in working towards this goal.

Funding in the amount of $184,500 was provided to the Canadian Mental Health Association to operate the New Directions programs in Summerside and Charlottetown. These day programs provide training in daily living, interpersonal, and prevocational skills to persons with a psychiatric disability.

VOCATIONAL REHABILITATION OF DISABLED PERSONS PROGRAM

This program provides training to disabled persons who are seeking employment in the competitive job market. One hundred and eleven persons received services under this program in fiscal 1989/90. Of this number, twenty-four were in training programs which ranged from university to training on the job. One hundred and ninety-nine thousand dollars was expended. The number of persons training under this program continues to increase gradually.

TRAINING & EMPLOYMENT PROGRAMS FOR WELFARE ASSISTANCE RECIPIENTS

The Job Creation Program

This program was established as an alternative to welfare assistance. Persons eligible for assistance are given the opportunity to take short-term employment. In fiscal 1989-90 two hundred and forty-seven persons benefited from this program and 2,494 weeks of employment were created. Expenditures on the program were $524,517.

The Employment Enhancement Program

The Employment Enhancement Program provides welfare assistance recipients with the opportunity to up-grade their education and training. It is targeted at those clients who are disabled or disadvantaged in some way when seeking employment. Lack of work experience, training, and education have been identified as the major barriers. Six staff located in the Regional offices across the Province are responsible for arranging client assessments. Academic up-grading and life-skills training are provided based on these assessments.

The Civil Service Commission participated in this program with their *Employment Opportunities for the Disabled Project.* This Project was designed for "persons with significant deficits or impairments to normal functioning, occurring at birth or acquired by accident, injury, or disease." The intention of the project was to assist disabled individuals to access government employment, initially through project funding, resulting in long-term employment through Civil Service appointment. Of the forty-two disabled persons who participated in the project since it began, thirty-three received term appointments and were employed on departmental payrolls. Of this number, twenty-one (64 percent) were still employed at the end of March, 1990.

In total 306 persons have received training and work experience through the Employment Enhancement Program. Expenditures in fiscal year 1989-90 amounted to $934,030.

NUTRITION

Preventive nutrition services to pregnant and nursing mothers and their infants continued as the priority in the Nutrition Services Program. Physician referrals from the Reproductive Care Program totaled 499 in 1989/90.

The growth in prenatal referrals brings with it a subsequent increase in the Nutrition Services Milk Ticket program. In 1989/90 an estimated 45,000 litres of milk were distributed to financially disadvantaged pregnant women on P.E.I.

In addition to direct service to clients, the community nutritionists provided nutrition education sessions to a wide variety of audiences. The majority of the education sessions were presented to expectant parents in co-operation with the Nursing Division of Department of Health and Social Services. Other sessions included: nutrition and cancer prevention, eating for a healthy heart, infant feeding guidelines for adoptive parents, and general nutrition education for group home residents.

Growing concern with prevention of lifestyle related chronic diseases has increased Nutrition Services involvement in preventive health services. Consultation has been provided to: P.E.I. Division of the Canadian Cancer Society, P.E.I. Division of the Canadian Heart Foundation, P.E.I. Heart and Stroke Foundation and various other community organizations.

DIVISION OF VITAL STATISTICS

Gloria Melanson, Director

Purpose

The primary function of the Division of Vital Statistics is to provide a central office for the registration of births, deaths, marriages, adoptions, divorces, stillbirths and changes of name. The Division also provides regular statistical analyses on this data as well as ad hoc reporting as required.

The collection of registration is decentralized to 19 main population centres. Deputy District Registrars forward registrations to the Director of Vital Statistics for permanent filing.

A detailed report of various vital statistics entitled "P.E.I. Department of Health and Social Services' Vital Statistics Annual Report" is printed under separate cover.

REGISTRATIONS, CERTIFICATES AND OTHER DOCUMENTS PROCESSED BY THE DIVISION OF VITAL STATISTICS

(These figures are based on the calendar year)

	1988	1989
Registrations accepted under the Vital Statistics Act:		
Birth registrations	1,958	1,919
Marriage registrations	965	1,019
Death registrations	1,086	1,050
Stillbirth registrations	18	9
Adoption Orders	67	76
Divorce decrees	242	238
Delayed registrations	46	47
Total registrations accepted	4,382	4,358
Legitimations of birth	81	78
Corrections/Amendments made	395	368
Changes of name recorded under Change of Name Act	81	78
Certificates issued under the Vital Statistics Act:		
Birth (short form or wallet size)	6,001	6,560
Birth (long form)	292	318
Marriage	490	511
Death	496	431
Total Certificates	7,279	7,820
Marriage Licenses issued under the Marriage Act	965	1,025

VITAL STATISTICS

PRINCE EDWARD ISLAND 1984 - 1988

	1984	1985	1986	1987	1988
Population ('000's)	125.7	127.3	126.6	127.3	128.5
Live births by residence*	1,954	2,008	1,928	1,955	1,977
Rate per 1000 population	15.5	15.8	15.2	15.4	15.4
Live births by occurrence	1,940	1,984	1,899	1,935	1,958
Rate per 1000 population	15.4	15.6	15.0	15.2	15.2
Deaths by residence	1,109	1,110	1,121	1,116	1,112
Rate per 1000 population	8.8	8.7	8.9	8.8	8.7
Deaths by occurrence	1,077	1,084	1,083	1,082	1,086
Rate per 1000 population	8.6	8.5	8.6	8.5	8.5
Natural Population increase	845	898	807	839	865
Rate per 1000 population	6.7	7.1	6.4	6.6	6.7
Stillbirths:					
20 to 27 weeks gestation	1	4	1	4	5
Rate per 1000 live births.	5	2.0	.5	2.1	2.6
28+ weeks gestation	10	15	8	7	13
Rate per 1000 live births	5.2	7.6	4.2	3.6	6.6
Maternal deaths	0	0	0	0	0
Rate per 1000 live births	-	-	-	-	-
Marriages	1,057	956	971	924	965
Rate per 1000 population	8.4	7.5	7.7	7.3	7.5
Divorces	196	214	208	280	242
Rate per 100,000 population	155.9	168.1	164.2	220.0	188.3

* "By Residence" means the death or birth of P.E.I. resident which occurred either on P.E.I. or elsewhere.

WELFARE ASSISTANCE APPEALS BOARD

Anne Marie Perry

During the period 01 April 1989 to 31 March 1990 the Board conducted eighteen sittings. There were two applications withdrawn, making a total of 20 applications of the 18 appeals heard, two were allowed and sixteen were denied.

I would like to pay tribute to the active members of this Board who passed away this year - our Chairman of thirteen years, Mr. George Cheverie, and Board member Mrs. Florence Hill.

The following table shows a breakdown of the number of appeals over the last five years.

	85-85	86-87	87-88	88-89	89-90
REGION I	1 allowed 0 denied	1 allowed 0 denied	0 allowed 0 denied	1 allowed 2 denied	0 allowed 3 denied
REGION II	0 allowed 0 denied	2 allowed 1 denied	4 allowed 5 denied	1 allowed 6 denied	1 withdrawn 6 denied
REGION III	8 allowed 11 denied	1 allowed 7 denied	2 allowed 5 denied	0 allowed 2 denied	1 allowed 5 denied
REGION IV	2 allowed 4 denied	2 allowed 1 denied	0 allowed 0 denied	1 allowed 1 denied	1 allowed 1 withdrawn 2 denied
REGION V	0 allowed 3 denied	2 allowed 2 denied	0 allowed 0 denied	2 allowed 1 denied	none

Appendix

Department of Health and Social Services

SUMMARY OF REVENUE AND EXPENDITURES

For the Period April 1, 1988 to March 31, 1989

	Revenue	Expenditures
Department Management	25,086,520	1,478,667
Pharmacy	38,271	5,215,783
Oncology	-	163,699
Dental Public Health	61,834	1,884,012
Community Mental Health	17,996	1,095,259
Nursing	138,823	1,095,259
Community Hygiene	-	326,667
Home Care & Support	29,469	2,539,131
Special Services	22,480	6,229,994
Job Creation and Placement	-	1,642,548
Child and Family Services	328,421	39,883,840
Aging and Extended Care	7,408,642	32,676,419
	$33,132,456	$94,678,039